

Idaho Infant Toddler Program Individualized Family Service Plan (IFSP) Instructions



General Information

The development of an *Individualized Family Service Plan* (IFSP) is a process in which family members and service providers work together as partners. Prior to IFSP development, appropriate evaluations and team decisions regarding eligibility should be completed. In addition, parents should receive a copy of their rights and have procedural safeguards implemented to protect them.

The initial IFSP meeting should be completed within 45 days after identification of a child. The meeting must be scheduled at a time and place convenient for the family. This plan should be reviewed every six (6) months, or more frequently if needed, to address the child's and family's changing needs.

All information contained in the plan should be easy for parents to read and understand. Avoid using technical jargon and medical terminology. Upon completion, copies of the IFSP should be provided to the family and to all IFSP team members.

The IFSP Document contains nine (9) pages. In addition to the IFSP Document, there are four (4) optional pages (i.e., Addendum IFSP page, Supplemental IFSP page, Summary of Early Intervention Services Supplement IFSP page, and Opt Out Form IFSP page).

Location and Heading	Instructions	Important Information
Page 1: Cover Page	<p>Enter today's date, child's full name (first, middle, last), and child's date of birth on specified lines.</p> <p>Record any Additional Plan Pages in the Index box. A date should be recorded for additional Addendum IFSP pages.</p>	If desired, the child's photo can be attached or printed over the Infant Toddler Program baby logo.
Page 2: <u>Child's Name</u> 's Health History	<p>Write the child's full name on the title line.</p> <p>Record parent's brief summary statements about the child's birth history, overall health status (including-medications, etc.), nutritional status or eating concerns, growth, vision (including concerns or completed vision screenings), hearing (including concerns or completed hearing screenings) medical conditions, and immunizations. If a child is unscreened at this juncture, it is appropriate to offer a vision or hearing screening. Also record additional information provided by other team members as appropriate (medications, therapies, previous evaluations, assistive devices used, etc.).</p>	If the required information (including parent's perspective) has been recorded elsewhere in a concise format, which is attached, it is not necessary to rewrite the information. Simply reference the attached document. Please ensure that all topic areas requested are addressed.

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<p>Page 3: <u>A Description of Child's Name</u></p> <p><u>What are your child's strengths? (Things your child can do.)</u></p> <p>and</p> <p><u>What do you hope to see your child do, or do better (needs)?</u></p>	<p>Write the child's name on the title line.</p> <p>Record the parent's description of their child's abilities (strengths to build on) and needs (areas for remedial focus within the next year) in each domain. Parent's should be guided to think about the following for their child:</p> <ul style="list-style-type: none"> • How does your child learn/use knowledge and skills? • Does your child take actions to meet his/her needs? • Does your child have positive social relationships? <p>Record a description from other data sources that may include direct observation, evaluation results, Child Information Sheet, medical records, etc.</p> <p>Objective criteria, (factual statements) in each domain should be noted by the professional in simple, easy-to-understand language.</p>	<p>This page is intended to identify the child's strengths and needs in each of the developmental domains: cognitive, receptive and expressive language, adaptive, gross and fine motor, social and emotional development.</p> <p>Both the strengths and needs of the child will be considered when selecting Outcomes to include on the Plan: Things to be done IFSP page.</p> <p>Statements should be jargon-free and emphasize functional skills.</p> <p>Sources for Objective criteria might include: direct observation, evaluation results, the Child Information Sheet, and medical records.</p>
<p>Page 4: <u>Priorities for Child's Name 's Family</u></p>		
<p><u>Natural Learning Environments</u></p>	<p>Record the parent's responses to the questions in the top box. Consider these locations, routines, activities, and people as possible sites/resources for the delivery of early intervention. Upon plan completion, if services are not provided using resources identified in this section (places, routines, activities, people), please document the reasons why not on the Plan: Things to be done IFSP page.</p>	<p>The top portion of this page is to learn about a family and child's daily routines and activities, including where the child typically spends time and who they interact with throughout the day. Early intervention activities/therapies should be integrated into these locations and routines. People who usually spend time with the child will be considered as potential resources to assist with the delivery of therapeutic interventions.</p>
<p><u>Family Resources/Supports</u></p>	<p>Record the people, places, and things identified by the family as supports or resources. These people and resources should be considered and utilized as part of the family's natural support system when planning interventions to assist this child and family.</p>	<p>NOTE: The middle and lower portion of this page apply to the family rather than specifically to the child. All families should be given the opportunity to answer these questions. However, the information is voluntary; a family is not required to provide this information.</p>
<p><u>Family Concerns</u></p>	<p>In the bottom box, record the areas of importance or concern that the family would like to see addressed within the next year. All identified areas should be considered and/or addressed when planning interventions. Local resource and referral information should be provided as needed. Follow-up to issues/areas of concern should be planned through the development of related</p>	

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	Outcomes on the Plan: Things to be done IFSP page.	
<p>Page 5: <u>Child's Name's</u> Plan: Things to be done And Page 6: <u>Child's Name's</u> Service Coordination Plan AND Page 7: <u>Child's Name's</u> Transition Plan</p>	<p>Record the child's name at top of page.</p> <p>Record Outcomes and Objectives specific to the type of Plan being completed (i.e., Plan: Things to be done about early intervention service implementation, Service Coordination Plan, and Transition Plan).</p>	
<p><u>Outcome</u></p>	<p>Using the family's words, write one Outcome in the designated box. Then, select either a descriptive key word that summarizes the Outcome (e.g., walking, feeding, transportation, etc.) or assign a number to the Outcome. Record this on the blank line. This will allow easy reference in the Summary of Early Intervention Services Supplement page.</p> <p><u>Service Coordination</u> The Service Coordination Plan will outline steps and activities to support the coordination of services for the child and family. Service Coordination activities carried out by a Service Coordinator assist and enable a child and family to receive: multidisciplinary evaluations, IFSP development, rights, procedural safeguards, and services that are authorized to be provided by the Infant Toddler Program. In addition, Service Coordinators coordinate all services across agency lines and serve as a single point of contact in helping children and families obtain needed services and assistance. The plan should include specific Objectives related to the access and coordination of services.</p> <p>For children who are Medicaid eligible and qualify for Service Coordination reimbursement, the Service Coordination Plan should meet all requirements of Early Periodic Screening Diagnosis & Treatment (EPSDT) service coordination rules cited in</p>	<p>Using information gathered on previous pages and/or other conversations with the family; assist the family in identifying, prioritizing, and selecting the Outcomes to be addressed in this IFSP. An Outcome is a long-term goal the family wants to see happen for their child and/or themselves.</p> <p>NOTE: The <i>Individuals with Disabilities Education Act</i> (IDEA) requires each IFSP to address educational components including language, pre-literacy, and numeracy. The Center for Early Literacy Learning (CELL) is a technical assistance center funded by OSEP to promote the adoption and sustained use of evidence-based early literacy learning practices for children birth to six years of age with identified disabilities, developmental delays, and those at-risk for poor Outcomes. CELL is developing practice guides and toolkits for early childhood interventionists, parents, and other caregivers to use with children to promote preliteracy, emergent literacy, and early literacy learning and development. CELL website: www.earlyliteracylearning.org</p> <p>NOTE: The IFSP may contain multiple Outcomes with related behavioral Objectives and strategies to achieve each Outcome. Record only one Outcome per page. Additional Outcomes (or Objectives, strategies, etc.) should be addressed using the Supplemental IFSP page. Use as many supplement pages as are needed.</p> <p>If additional Outcomes/Objectives are needed following the IFSP meeting, use an IFSP Addendum page to document the Outcomes/Objectives.</p>

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	<p>IDAPA 16.03.17.</p> <p><u>Transition</u></p> <p>Discuss with the family any changes (transitions) that will occur or be required as a result of working toward and/or achieving the Outcome. Transitions may include things like: crawling to walking, hospital to home, change in child care provider, etc. Transition steps may include a discussion with and training of parents and providers. Record the steps to support transition to help with and/or to minimize the impact of these changes in the Transition Plan page of the IFSP document as Transition Outcomes.</p>	<p><u>Exit Planning:</u></p> <p>The Idaho Infant Toddler Program serves children up to their third (3rd) birthday. Transition Objectives supporting the transfer of a child from the Infant Toddler Program into other appropriate educational and/or community resources are required. Transition related Objectives must be developed by the child's team (including parent(s) and Service Coordinator) as part of the IFSP that is closest to the child's second (2nd) birthday. These Objectives should be updated routinely and made more specific as the child approaches age three (3).</p>
	<p><u>Transition Planning for Part B:</u></p> <p>Discuss the transition process with the family. Address any special concerns they may have about the transition or other relevant information that should be taken into account when planning the transition. Record the activities to support the transition process in the Transition Plan page of the IFSP document.</p> <p>Coordinate timelines on the IFSP with school personnel, etc. to plan transition meetings.</p>	<p>NOTE: In developing the IEP, the IEP team shall consider the content of the IFSP including the:</p> <ul style="list-style-type: none"> ▪ Natural environment statement. ▪ Education component that promotes school readiness, pre-literacy, language, and numeracy skills. <p>The IFSP may serve as the IEP of the child, if:</p> <ul style="list-style-type: none"> ▪ It is agreed by the district and the child's parents. ▪ A detailed explanation of the differences between the IFSP and IEP is provided to the parents. ▪ A parental written informed consent is obtained. ▪ It is developed according to the IEP procedures outlined in Chapter 5, of the <i>Special Education Manual</i>. If the district elects to use an IFSP, the district is required to implement only the educational components of the IFSP.
<p><u>Who Will Be Involved?</u></p>	<p>Record family members, service providers, and others who will be involved (responsible) for carrying out the intervention strategies and activities to meet the Outcome.</p>	<p>Multiple names/roles (Marcy Smith/Mother, Jane Goodwin/OT, Fred Farr/Child care provider, etc.) can be listed for each Outcome.</p>
<p><u>What Steps Need to be Taken?</u> Column 1</p> <p>AND</p> <p><u>How Will We Know When the Objective is Achieved?</u> Column 2</p>	<p>Develop measurable behavioral Objectives to achieve Outcome(s). Describe what steps/activities must be done to achieve this Outcome. Consider developing specific Objectives for the child and for the family.</p> <p>Determine and record evaluation procedures and specific measurable criteria for each Objective listed in the previous column. How progress toward each Objective listed in the previous column will be evaluated and measured.</p>	<p>Behavioral Objectives are measurable, short-term activities that must be achieved to accomplish the Outcome.</p> <p>Each Objective should contain four elements:</p> <ol style="list-style-type: none"> 1) <u>Condition</u> under which the skill will be performed (e.g., during meal times, during bath time, while cleaning up toys, When given a model, when playing with peers, etc.). 2) Who will do it; the <u>learner</u> (e.g., parent/caregiver, child etc.). 3) A <u>measurable, observable action</u> (e.g., 3 out of 5 times, 50%, 8 out of 10 correct, one time per day, with only a little help, imitate 10 different 4-word phrases, pull to stand 3 times without assistance). 4) <u>Criterion</u> to determine if the skill has been attained (e.g., in a 30 minute period, on two separate days, 4 separate occasions in one week, 5 attempts at communication per day).

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		<p>Record criteria in next column.</p> <p>If more Objectives are required than will fit on the page, use the IFSP Supplemental Page.</p>
<u>Strategies and Activities</u> Column 3	<p>List the strategies and activities to be used and the activity in which the learning will take place to accomplish each Objective.</p>	<p>When completing the Strategies and Activities section of the IFSP, the child's routines where the primary learning takes place should be identified (e.g., bath time, feeding time, water play, song times, play time, art time, story time, tummy time, etc.).</p>
<u>Where Will This Happen?</u> Column 4	<p>Record where the intervention strategies and activities will occur to facilitate each Outcome. Determine and record if this location is a natural learning environment. Please refer to the following federal regulations to make your determination:</p> <p>34 CFR, Part 303.12(4)(b) - To the maximum extent appropriate to the needs of the child, early intervention services must be provided in the child's natural environment, including the home and community settings in which children without disabilities participate.</p> <p>34 CFR, Part 303.18 – Natural environments mean settings that are natural or normal for the child's age peers who have no disabilities.</p> <p>34 CFR, Part 303.344.(d)(1)(ii) – The natural environments, as described in Section 303.12(4)(b), and Section 303.18 in which early intervention services will be provided, and a justification of the extent, if any, to which the services will not be provided in a natural environment.</p> <p>In addition, the state must ensure that the provision of early intervention services for any infant or toddler with a disability occurs in a setting other than a natural environment that is most appropriate, as determined by the parent and the individualized family service plan team, only when early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment.</p> <p>If the intervention to facilitate the Outcome is not occurring in one</p>	<p>To determine if the Outcome is one of the child's natural learning environments, you may wish to consider the following questions: Are these interventions incorporated into the child's/family's daily routines and activities? Are people who are typically involved in the child's day assisting with the interventions? Is this a location where children without disabilities would normally spend time? If you answered YES to these questions, it is likely that the location is a natural learning environment for this child. For further information regarding Natural Environments, refer to the <i>Natural Environment Service Provision Guidance</i> found in the <i>Infant Toddler Program eManual</i>.</p> <p>The Service Coordination Plan and Transition Plan IFSP documents do not include the requirement of documenting the "Where will this happen" portion of the plan.</p>

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	of the child's natural learning environments provide a justification (explanation as to why the early intervention service cannot be achieved satisfactorily in a natural environment).	
<u>Objective Reviewed?</u> Column 5	Use of this field is determined regionally. See your Early Intervention Specialist or Supervisor for further information. At periodic, six (6) month, and/or annual reviews; list the review code (in the box on top of the page) that summarizes the current status of the Objective. Note the date of the review and the initials of the person completing the review.	At the review, if there has not been progress toward a specific Objective, you may wish to consider revising the Objective or developing a different Objective that will more effectively address the family's/child's needs.
Page 8: Summary of Early Intervention Services		
<u>Child's Name</u>	Write child's full name.	Put nicknames in parenthesis.
<u>Birth Date</u>	Write the child's complete date of birth.	Month/Day/Year (e.g., 02/27/2000).
<u>SS#</u>	List the child's Social Security number.	This information is important in ensuring an unduplicated child count in the data system. If necessary, a child may receive services without a Social Security number
<u>Date of IFSP</u>	Write the date the IFSP is completed and signed by the family.	
<u>Parents Name(s)</u>	Write the full name(s) of either or both parent(s), the legal guardian, and/or the appointed surrogate.	
<u>Phone</u>	List current phone number(s) of person(s) listed on the parents Name line.	Please indicate if this is a day (d), night (n), or message (m) number.
<u>Review Due</u>	Write projected date of the next review. Circle six (6)-month, annual, or other, as appropriate.	Plans must be reviewed at least every six (6) months, but may be reviewed more frequently.
<u>Address</u>	Write the address of the person(s) listed on the Parent's name line.	
<u>City:</u>	Write the city of residence.	

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<u>Date Review Completed</u>	Record the date in which the 6 month, annual, or other appropriate review is completed as reflected in the Review Due section of the Summary of Early Intervention Services Supplement IFSP page.	
<u>Insurance Company</u>	List company name of primary insurance provider.	
<u>Policy #</u>	List group and/or individual insurance policy number.	
<u>Eligibility / Diagnosis Code(s)</u>	Enter code signifying the child's type of disability.	Can use educational diagnosis and/or the ICD9 code as appropriate in the region. The Infant Toddler Condition Code must be used for Data-Tot.
<u>Dr.'s Name</u>	Enter the first and last name of the child's doctor.	
<u>Medicaid #</u>	Enter the child's Medicaid number.	Enter NA if the child does not have a Medicaid number.
<u>Healthy Connections?</u>	Circle Yes if the child is enrolled in the Medicaid Healthy Connections program. Circle No if the child is not enrolled in the Medicaid Healthy Connections program.	
<u>Service Coordinator</u>	List the full name of the child's Service Coordinator.	
<u>Agency</u>	List the name of the agency that employs the child's Service Coordinator.	
<u>Service Coordinator Phone</u>	List a phone number for the child's Service Coordinator.	
<u>Early Intervention Services Column 1</u>	List the specific services to be provided to meet the unique needs of the child and family to achieve the identified Outcomes.	<p>It may be helpful to complete this page as Objectives are written. Intervention strategies to be implemented by the family may be included.</p> <p>Early intervention services which can be paid for with Part C funds and which should be listed on the <i>Idaho Infant Toddler Program Data-Tot Entry Form</i> include the following:</p> <ul style="list-style-type: none"> Assistive technology Audiological services Cued language service Developmental therapy (Special instruction) Family training, counseling, and home visits

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		<p>Health services Medical services (Diagnosis and evaluation only) Nursing services Nutrition services Occupational therapy Physical therapy Psychological services Respite care Service coordination services Sign language services Social work services Speech/Language pathology Transportation Vision services</p> <p>Additional services required by the child and family should be recorded on the IFSP noting appropriate payment source.</p>
<u>Outcome</u> Column 2	Write the key word or number assigned to the Outcome which is being addressed by the service in the previous column.	
<u>Method, Intensity of Service and Frequency</u> Column 3	<p>Method: Record how a service is provided (group or individual therapy) through parent education, consultation, direct intervention, etc..</p> <p>Intensity of Service and Frequency: List the number of days per week/month the service will be provided and how long the service is provided during each session.</p>	Example: direct individual therapy, 30 minutes, 2x/week.
<u>Duration</u> Column 4	Record the Start and End Date for the service being provided.	
<u>Payment Source</u> Column 5	Record the source of payment for the service listed in Column 1. Whenever possible explore use of natural supports and non-traditional resources as payment options.	<p>NOTE: Reimbursement through Medicaid requires a physician's order (signature) for medically necessary services and may require prior authorization if the child is enrolled in the Healthy Connections Program. Reimbursement through Part C is available only for the above listed early intervention services as "payer of last resort". Authorization from a designated representative of the lead agency (Department of Health and Welfare) is required.</p>

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<u>Person(s)/Agencies Responsible</u> Column 5	List the full names (first and last) and employing agency (if applicable) of the people who will provide the services identified in Column 1.	<p>People in the child's natural environments (family members, child care providers, etc.) should be included with professionals whenever possible.</p> <p>Note: Paraprofessionals – The portions of the treatment plan which can be delegated to the paraprofessional must be identified in the Individualized Education Plan (IEP) or IFSP.</p> <p>A paraprofessional or therapy tech must be identified as the responsible person in the IFSP when they are assigned to provide an early intervention service.</p>
<u>Parental Consent for Services</u>	Request the parent(s) to review, sign, and date the plan.	Parent's signatures indicate that they were involved in the development of the plan and that they want the services that are outlined in the plan to be provided. A parent may discontinue any service at any time without jeopardizing the continuation of other early intervention services.
<u>Physician Signature</u>	A physician's signature on the IFSP or physician's order is required prior to billing when Medicaid or insurance is the designated payment source for services identified in the plan.	The Physician's signature represents that they have reviewed the listed health-related services and authorizes that they are medically necessary. The family's primary care physician's signature should be obtained when possible.
<u>Financial Authorization</u>	An authorized representative of the lead agency should review, sign, and date the plan.	Signature by an authorized representative of the lead agency verifies that the listed early intervention services (as defined in IDEA, Part C), will be provided at no out-of-pocket expense to the family. If alternative funding sources are not identified, payment for those services will be made using Part C funds.
Page 7: Team Members	Write the child's name in the specified blank.	
<u>Section 1</u> Name/Signature, Role, Address, and Phone	All team members who participated in plan development should be listed in column 1. Parent(s) and Service Coordinator must be included. List a Role, Address and Phone number for each person included in column 1.	Team members may either print their names, sign their names (legibly), or their names may be recorded by another team member.
<u>Section 2</u> Name, Role, Address, and Phone	Record the Name, Role, Address, and Phone number of additional family supports, referrals, or contacts who are useful resources to the family and other team members. Include the child's primary care physician if not listed above.	
Additional		

Location and Heading	Instructions	Important Information
<i>IFSP Pages</i>		
IFSP Addendum Page:	Refer to directions regarding the Plan: Things to be done, Service Coordination Plan, and Transition Plan IFSP document pages for specifics on how to complete the information on this page.	The Addendum page is used to plan for Outcomes that are developed outside the regularly scheduled IFSP meetings/reviews.
<u>Parental Consent for Services</u>	Request the parent(s) to review, sign, and date the plan.	Parent's signatures indicate that they were involved in the development of the plan and that they want the services that are outlined in the plan to be provided. A parent may discontinue any service at any time without jeopardizing the continuation of other early intervention service.
<u>Physician Signature</u>	A physician's signature on the Addendum or physician's order is required prior to billing when Medicaid or insurance is the designated payment source for services identified in the plan.	Physician's signature represents that they have reviewed the listed health-related evaluations and/or services and authorizes that they are medically necessary. The family's primary care physician's signature should be obtained when possible. It is preferred that the physician signature is obtained by the family's primary care physician if the child is enrolled in Healthy Connections; however, it is not required.
<u>Financial Authorization</u>	An authorized representative of the lead agency should review, sign, and date the plan.	Signature of the lead agency's authorized representative verifies that the listed, early intervention services (as defined in IDEA, Part C), will be provided at no out-of pocket expense to the family. If alternative funding sources are not available, payment for those services will be made using Part C funds.
IFSP Supplement Page:	Refer to the Plan: Things to be done, Service Coordination Plan, and Transition Plan IFSP document pages for specifics on how to complete the information on this page.	<p>The Supplement page is used to plan for additional Outcomes (i.e., Things to be done, Service Coordination or Transition) that are developed during the IFSP meetings/reviews.</p> <p>The Service Coordination Plan and Transition Plan IFSP documents do not include the requirement of documenting the "Where will this happen" portion of the plan.</p>
IFSP Summary of Early Intervention Services Page:	Refer to IFSP Page 8 directions for specifics on how to complete the information on this page.	The Summary of Early Intervention Services Supplement IFSP page is used for additional services that are developed during the IFSP meetings/reviews.
IFSP Opt Out Page:	As part of the transition for children receiving early intervention services, the Infant Toddler Program must notify the areas Local Educational Agency (LEA), in which the child resides that the child will shortly reach the age of eligibility for preschool services under	NOTE: When a family requests that their information not be shared with the LEA, they are giving up a service (notification) they are entitled to by law. This should be a rare event and families should be fully informed

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	<p>Part B of IDEA.</p> <p>At age 2 ½ years a child's name, date of birth, and contact information is shared with the local school district to assist them in planning services for preschool children. Families may choose not to have this information shared with the local school district. If a family initiates questions about sharing information with schools and chooses not to share the information, the <i>Opt Out Form</i> must be completed, capturing a parent signature and date.</p> <p>If a parent chooses to Opt Out of sharing information with their local school district, the <i>Opt Out Form</i> must be signed and dated by the parent and a staff representative. The early intervention staff person (e.g., Service Coordinator, contract provider, etc.) who witnessed the parent sign the <i>Opt Out Form</i> should sign and date the Staff Signature line.</p>	<p>prior to signing the <i>Opt Out Form</i>.</p>